

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Atty GRT-3687-101

Dkt.

C# M#

ORESTE et al

T.C./Art Unit: 1623

Serial No. 10/518,302

Examiner: L.D. Bland

Filed: May 31, 2005

Date: June 3, 2010

Title: EPIMERIZED DERIVATIVES OF K5 POLYSACCHARIDE WITH A VERY HIGH DEGREE OF SULFATION

Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

**RESPONSE/AMENDMENT/LETTER**

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.

 Correspondence Address Indication Form Attached.

## Fees are attached as calculated below:

Total effective claims after amendment	0	minus highest number			
previously paid for	20	(at least 20) =	0	x \$52.00	\$0.00 (1202)/\$0.00 (2202) \$ 0.00

Independent claims after amendment	0	minus highest number			
previously paid for	3	(at least 3) =	0	x \$220.00	\$0.00 (1201)/\$0.00 (2201) \$ 0.00

If proper multiple dependent claims now added for first time, (ignore improper); add					
				\$390.00 (1203)/\$195.00 (2203)	\$ 0.00

Petition is hereby made to extend the current due date so as to cover the filing date of this paper and attachment(s)					
				One Month Extension \$130.00 (1251)/\$65.00 (2251)	

				Two Month Extensions \$490.00 (1252)/\$245.00 (2252)	
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				Three Month Extensions \$1110.00 (1253)/\$555.00 (2253)	
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				Four Month Extensions \$1730.00 (1254)/\$865.00 (2254)	
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				Five Month Extensions \$2350.00 (1255)/\$1175.00 (2255) \$ 65.00	
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Terminal disclaimer enclosed, add					
				\$140.00 (1814) / \$70.00 (2814)	\$ 0.00

<input checked="" type="checkbox"/> Applicant claims "small entity" status.	<input type="checkbox"/> Statement filed herewith				
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Rule 56 Information Disclosure Statement Filing Fee				\$180.00 (1806)	\$ 0.00
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Assignment Recording Fee				\$40.00 (8021)	\$ 0.00
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Other:					\$ 0.00
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<b>TOTAL FEE \$ 65.00</b>					
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 CREDIT CARD PAYMENT FORM ATTACHED.

The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140.

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 GRT:ap

NIXON & VANDERHYE P.C.  
 By Atty: Gary R. Tanigawa, Reg. No. 43,180

Signature: 